

FORM

S.F. 137

DOT EF 5/01



STATE OF WASHINGTON

VEHICLE ACCIDENT REPORT

Date of Accident (Mo/Da/Yr)

Time

☐ AM
☐ PM

**INSTRUCTIONS:** This report must be mailed within two working days to the following 3 offices:

- ①

Department of General Administration

Office of Risk Management

PO Box 41027

Olympia, WA 98504-1027
- ②

WSDOT

Risk Management Office

PO Box 47418

Olympia, WA 98504-7418
- ③

Safety and/or Risk Management

Office of Reporting Agency

STATE EMPLOYEE VEHICLE NO. 1	Name				Age	Employing Agency				Position						
	Business Address						Zip		Business Phone		Was vehicle being used on Official State Business?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Operator's License No.		License Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate				Have you had a previous accident while driving on state business?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
	License No.	Year	Make		Body Type	Where Located			No. of Passengers		Est. Repair Cost					
	Owning Agency		Describe Damages Fully (Parts, type and extent of damage)													
If Privately Owned, Name and Address of Owner (If State Owned, Equipment No. Only)										Insurer						
OTHER VEHICLES	Owner Car No. 2				Phone		Owner Car No. 3				Phone					
	Address				City		Zip		Address				City		Zip	
	Driver		Age	Phone	Driver		Age	Phone								
	Address				City		Zip		Address				City		Zip	
	Driver's License No.		Vehicle License No.				Driver's License No.		Vehicle License No.							
	Vehicle Make		Year	Body Type		Vehicle Make		Year	Body Type							
	Name of Passengers						Name of Passengers									
	Repair Cost		Describe Damage						Repair Cost		Describe Damage					
	Insurance Company			Policy No.			Insurance Company			Policy No.						
OTHER PROPERTY	What was Damaged?										Repair Cost					
	Name and Address of Owner						City		Zip		Phone					
INJURED PARTIES	Name and Address						Extent of Injury		Age	Veh. 1	Veh. 2	Veh. 3	Ped.			
WITNESSES	Name		Address				City		Zip		Phone					
OTHER RPTS.	Police Investigate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which Division (Sheriff, WSP, City)			Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issued To <input type="checkbox"/> You <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3			Have you filed Financial Responsibility Form WSP 161 As Required by Law? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Location		Or Near Intersection of	
City/County		Type of Accident	<input type="checkbox"/> Front to Rear <input type="checkbox"/> Head-On <input type="checkbox"/> Parked Car <input type="checkbox"/> Pedestrian <input type="checkbox"/> Broadside <input type="checkbox"/> Sideswipe <input type="checkbox"/> Bike - Car <input type="checkbox"/> Hit Object

Information Regarding Accident	No. 1, Your Vehicle	No. 2, Other Party (Name)	No. 3, Other Party (Name)
1. If pedestrian, where was he/she (crosswalk, etc.)?			
2. Road conditions (dry, glare, icy, rain, snow, etc.)? (Gravel, blacktop, etc.)			
3. At what distance was danger first noticed?			
4. Speeds at time danger was first noticed?			
5. Speeds at time of accident?			
6. What warning signals were given?			
7. Obstruction to vision (weather and other)?			
8. Lights On? Wipers On? Windows Fogged?			
9. Had any party been drinking? Who?			

Describe in Detail What Happened (Use additional paper if necessary)

<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Straight Road  <input type="checkbox"/> Curve - R or L  <input type="checkbox"/> Level         </div> <div style="width: 30%;"> <input type="checkbox"/> Hillcrest  <input type="checkbox"/> Uphill  <input type="checkbox"/> Downhill         </div> <div style="width: 30%;"> <input type="checkbox"/> One Lane  <input type="checkbox"/> One and One-Half Lane  <input type="checkbox"/> Two Lane or Four Lane         </div> </div> <p style="font-size: small; margin-top: 10px;">Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.</p> <div style="text-align: center; margin-top: 20px;"> </div> <div style="margin-top: 20px;"> <p><b>IMPORTANT</b></p> <p style="font-size: x-small;">If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.</p> </div> <div style="text-align: center; margin-top: 20px;"> <p>Indicate points of compass N. E. S. W.</p> </div>	<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">Mark Damaged Areas</p> <div style="text-align: center;"> </div>		
Signature (Driver)	Date	Signature (Supervisor)	Date